

M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. In case of death clearly and legibly.
is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03121

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot County
City or town Easton (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 48 daysHospital, Institution, or street address where death occurred: Memorial Hospital, Easton, Md.How long in hospital or institution? 48 days

3. (a) FULL NAME

Mrs. Lebie Louis
Blade

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female White Married

6. (b) Name of husband or wife

Mr. George Blade

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 28, 18828. AGE: Years 65 Months

Days

If less than one day

hrs. min.

9. Birthplace Leesburg, Virginia

(Town, county, and state)

10. Usual occupation: N.W.

11. Industry or business

12. Name George P. Faraythe13. Birthplace Virginia14. Maiden name Anelia Lebie15. Birthplace Washington D.C.16. Informant Mr. George BladeAddress Oxford Md.Burial Burial

(Burial, cremation, or removal, which?)

Date thereof 3/20/48
(month) (day) (year)Cemetery or crematory OxfordLocation Oxford Md.18. Funeral director Wm. W. NewmarkAddress Easton Md.19. 3/18 48

(Date read by registrar)

19. 1948

(Date of death)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County TalbotCity or town Oxford (If outside city or town limits, write RURAL and give nearest town)Street No. (If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 17 - 1948 at 8:00 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1946 to 1948, and that I last saw her alive on 3/17/48.

Immediate cause of death

Chronic intestinal nephritis DURATION 3 yrs.

Due to

arteriosclerosis, generalized DURATION 3 yrs.

Due to

Diabetes mellitus DURATION —

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address Easton Date signed 3/19/48

RECEIVED

MAR 30 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change of age
shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03122

File No. G 114 APR 6 1948 CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH:

County

City or town

Talbot

Oxford

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

43 years

Hospital, institution, or street address where death occurred

How long in hospital or institution?

3. (a) FULL NAME

Hannie Collins

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

F

Col.

Widow

6. (b) Name of husband or wife

George Collins

7. Birth date of deceased (mo., day, yr.)

May 1, 1870

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

74

75

10

31

hrs.

min.

9. Birthplace

(Town, county, and state)

Somerset County Md

Somerset Co.

(Town, county, and state)

Somerset County Md

Somerset Co.

(Town, county, and state)

RECEIVED

MAR 31 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03123

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County

TALBOT

City or town

EASTON md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 15 yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

MARY CATHERINE CORRIGAN

4. Sex

female

5. Color or race

white

6. (a) Single, married, widowed, or divorced

widowed

6. (b) Name of husband or wife

B. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

MARCH 14, 1857

8. AGE:

Years

Months

Days

If less than one day

91

17

hrs.

min.

9. Birthplace

HARLICK

md.

(Town, county, and state)

10. Usual occupation

HOUSEWIFE

11. Industry or business

JOHN ORNETT

12. Name

DICKINSON CO. HARLICK MD

13. Birthplace

Unknown

14. Maiden name

15. Birthplace

16. Informant

Mrs. Alice Morgan

Address

Chestnut

Moff

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof April 3, 1948

(month) (day) (year)

Cemetery or crematory

Spring Hill

Location

Chestnut

Moff

18. Funeral director

Carl D. Shofford

Address

Chestnut

Moff

19. 4/1/1948

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Md

County

Talbot

City or town

EASTON

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

2D. DATE OF DEATH March 31, 1948, at 8 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Mar. 1, 1948, to Mar. 31, 1948,

and that I last saw her alive on Mar. 31, 1948.

Immediate cause of death

Arteriosclerotic Heart Disease

Due to

Arteriosclerosis

Due to

Hemiplegia

(Include pregnancy within 3 months of death)

Major findings of operations

None

Date of op.

Autopsy results

None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

No

Accident, suicide, or homicide

Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

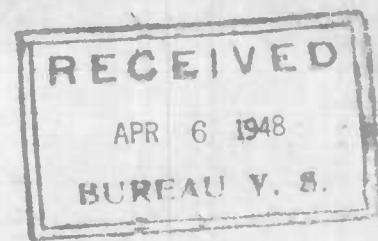
Injured at work?

23. SIGNATURE

A. M. C. Stevens

M. D. or other

Address: EASTON MD Date signed: 4-1-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. True, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03124

97
Reg. Dist. No. 290

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

County

City or town

Salisbury
Pleasant Valley

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

1 year

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

John Wesley Dawson

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

m.

cold

Married

6. (b) Name of husband or wife

Sallie Dawson

6. (c) If alive, give age 47 years

7. Birth date of deceased (mo., day, yr.)

December 25 - 1888

8. AGE:

Years

Months

Days

If less than one day

60

13

hrs.

min.

9. Birthplace

Salisbury County

(Town, county, and state)

10. Usual occupation

None

11. Industry or business

Pleasant Valley

12. Name

Pleasant Valley

13. Birthplace

Salisbury County

14. Maiden name

Martha Dawson

15. Birthplace

Salisbury County

16. Informant

Sallie Dawson

Address

Pleasant Valley

17. Burial

(Burial, cremation, or removal. Write 2)

Date thereof 3/18/48

(month day year)

18. Cemetery or crematory

Eastern R.D.

19. Location

Chapel Hill

20. Funeral director

Leon W. Henry

Address

370 South St

21. Date rec'd by registrar

3/17 1948

22. M. D. or other

M. D. or other

23. Signature

Louis J. Kelly MD DMD

Address

Pleasant Valley

24. Date signed

3-16-48

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH

Mar 14

1948

at 12:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19

19

and that I last saw h. alive on

19

Immediate cause of death

Generalized arteriosclerosis

Due to

Due to

Other conditions

Bilateral amputations

legs mid-thigh

(Include pregnancy within 6 months of death)

Major findings of operations

arter. gangrene

(date of op.)

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work

23. SIGNATURE

Address

Pleasant Valley

M. D. or other

Date signed



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Arrested 3-10-48

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03125

61

Reg. Dist. No.

290

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

County Talbot

City or town Easton Maryland

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

Memorial Hospital

How long in hospital or institution?

3 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Talbot

City or town St. Michaels

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war.

3. (b) Social Security Number

3. (a) FULL NAME

Mrs Lucy Evans

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female White Married

6. (b) Name of husband or wife

Mr Joseph Evans

6. (c) If alive, give age

years

7. Birth date of

deceased (mo., day, yr.)

August 23, 1897

6. (e) If alive, give age

years

8. AGE: Years Months Days If less than one day

50 6 21

hrs. min.

9. Birthplace

Talbot County

(Town, county, and state)

10. Usual occupation

Factory Work

11. Industry or business

12. Name

Mr Charles Leppans

13. Birthplace

St. Michaels Md.

14. Maiden name

Jennie Leppans

15. Birthplace

St. Michaels Md.

16. Informant

Mr Joseph Evans

Address

St. Michaels Md

17. Burial

(Burial, cremation, or removal. Which?)

Cemetery or crematory

Location

St. Michaels Md

18. Funeral director

Address

St. Michaels Md

19. Date rec'd by registrar

3/15/48

19. Date signed

3/14/48

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH

March 13 1948

at 9:22 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

3-10 1948 to 3-13 1948

and that I last saw her alive on 3-13-48

18.

Immediate cause of death

Coronary Occlusion

1 day

Due to

Due to

Other conditions

Diabetes mellitus

?

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

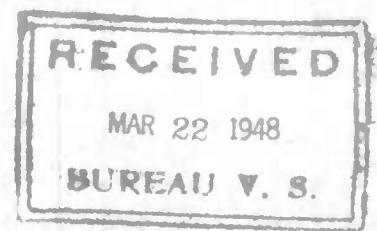
M. D. or other

Address

Easton Md

Date signed

3/14/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03126

CERTIFICATE OF DEATH

120
Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot

City or town EASTON

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 days

Hospital, Institution, or street address where death occurred: MEMORIAL HOSPITAL

How long in hospital or institution?

3. (a) FULL NAME

Mr James Fogwell

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

White

Married

6. (b) Name of husband or wife

Mrs Betty Fogwell

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

Oct 10, 1923

8. AGE:

Years Months Days If less than one day

24

hrs. min.

9. Birthplace

KENNEDYVILLE MD

(Town, county, and state)

10. Usual occupation

Truck Driver

11. Industry or business

Hague Fogwell

12. Name

Hague Fogwell

13. Birthplace

Rock Hall MD

14. Maiden name

Betty M. Canyon

15. Birthplace

Rock Hall MD

16. Informant

Mr Hague Fogwell

Address

KENNEDYVILLE MD

Burial

Date thereof 4/2/48

(Burial, cremation, or removal, which?)

(month) (day) (year)

Cemetery or crematory

Still Pond MD

Location

Still Pond MD

18. Funeral director

Maurice L. Williams

Address

Chesapeake Maryland

19. (Date rec'd by registrar)

19 48

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Kent

City or town KENNEDYVILLE MD

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

2D. DATE OF DEATH

March 31 1948 at 8:31 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

28 hrs 19 48 to 31 hrs 19 48

and that I last saw him alive on 31 hrs 19 48

Immediate cause of death

drowning & heart failure

DURATION

4 days

Due to acute heart failure

Due to

Other conditions carbon monoxide poisoning - with previous -

(Include pregnancy within 3 months of death)

Death was not a result of poisoning

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 3/21/48

Where did injury occur Chester Pa. (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

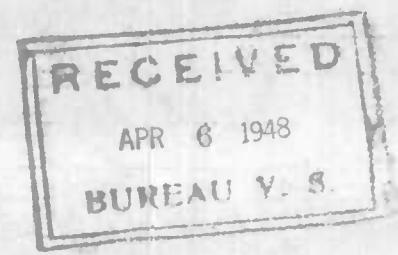
Means of injury

Injured at work?

23. SIGNATURE

John H. Harrison M.D. M. D. or other

Address Easton Maryland Date signed 3/21/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct ink. Supply every item of information carefully. Supply every item of information carefully. Physicians: please write the causes of death clearly and legibly. is especially important.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

932 03127

Reg. Dist. No.

290

CERTIFICATE OF DEATH

1. PLACE OF DEATH

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Walter Scott Galloway

4. Sex

5. Color of face

6. (a) Single, married, widowed, or divorced

Male

White

Married

6. (b) Name of husband or wife

7. Birth date of deceased (mo. day, yr.)

6. (c) If alive, give age years

Years

Months

Days

If less than one day

hrs.

min.

8. AGE:

9. Birthplace

(Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17. Cemetery or crematory

(Burial, cremation, or removal, if any?)

Date thereof

(month) (day) (year)

18. Funeral director

Address

19. (Date rec'd by registrar)

19. (Date of death)

48

M.D. or other

Signature

Address

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

2D. DATE OF DEATH

May 16th

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. to 19.

and that I last saw him alive on 19.

Immediate cause of death

Chronic myocarditis years

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Louis P. Sherry, M.D., D.M.E.

M. D. or other

Address

Date signed



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03128

CERTIFICATE OF DEATH

Reg. Distr. No. 294

1. PLACE OF DEATH:
County Talbot
City or town Oxford
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 25 yrs.
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Talbot
City or town Oxford
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war.

3. (a) FULL NAME
Eleanor C Goldsboro

3. (b) Social Security Number
None

4. Sex Female 5. Color or race white 6. (a) Singl., married, widowed, or divorced widowed
Shirley Goldsboro

MEDICAL CERTIFICATION

6. (b) Name of husband or wife Shirley Goldsboro
7. Birth date of deceased (mo., day, yr.) Dec. 8, 1861 6. (c) If alive, give age years

8. AGE: Years 86 Months 3 Days 12 If less than one day
hrs. min.

9. Birthplace Cambridge (Md) Dorchester Co. Md.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business John Cook

MOTHER FATHER
12. Name John Cook
13. Birthplace Dorchester Co. Md.

14. Maiden name Martha Seacombe
15. Birthplace Dorchester Co.

16. Informant Otis Curtis

Address Oxford Md.

17. Burial Burial Date thereof 3/23/48
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Springhill

Location Oxford Md.

18. Funeral director Maxine E. Newcomer

Address Oxford Md.

19. March 1948 Date rec'd by registrar J. D. L. Ross

Registrar

20. DATE OF DEATH March 20 1948 at 11:4521. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 6 1948 to March 20 1948 and that I last saw her alive on March 19 1948

Immediate cause of death

Brachopneumonia
Due to: Influenza

Due to: Influenza

Other conditions Chronic Rheumatism 4 yrs
(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

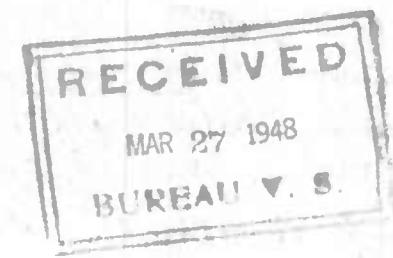
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE Earl V. Beale led M. D. of otherAddress Easton led Date signed 3-20-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03129

131a Reg. Dist. No. 291

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

County TalbotCity or town St. Michaels, Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Edward Hammond4. Sex Male 5. Color or race Colored 6. (a) Single, married, widowed, or divorced Widowed

Male Colored Widowed

6. (b) Name of husband or wife Elizabeth Hammond6. (c) If alive, give age years7. Birth date of deceased (mo., day, yr.) June 20, 18688. AGE: Years 80 Months 9 Days 6 If less than one dayhrs. min. 9. Birthplace Royal Oak, Md.

(Town, county, and state)

10. Usual occupation Farm Work

11. Industry or business

12. Name George Hammond13. Birthplace Royal Oak, Md.14. Maiden name Elizabeth Thomas15. Birthplace Bellmead, Md.16. Informant Maggie Lee FieldsAddress St. Michaels, Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof Mar. 15, 1948

(month) (day) (year)

Cemetery or crematory ColoradoLocation St. Michaels, Md.18. Funeral director Norman D. MansfieldAddress St. Michaels, Md.19. Mar. 15, 1948 (Date rec'd by registrar) Mar. 15, 1948 (Date signed)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County TalbotCity or town St. Michaels (If outside city or town limits, write RURAL and give nearest town)Street No. (If rural, give LOCATION)

2. (a) If veteran, name war.

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 13 19 48 at 11 M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar 15, 1946 Mar 1948 19and that I last saw him alive on Mar 1948 19, 19, 19Immediate cause of death Acute UremiaDue to Arteriosclerotic NephritisDue to Other conditions Generalized Arterio
sclerosis

(Include pregnancy within 3 months of death)

Major findings of operations NoneDate of op. None

None

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of Where did injury occur? (City or town) (County) (State)Injured at home, farm, industry, public place (where?) Means of injury Injured at work? 23. SIGNATURE B. BrewsterM. D. or other St. Michaels, Md.Address Date signed

RECEIVED

MAR 16 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03130

CERTIFICATE OF DEATH

469
Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot
City or town Easton (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 months

Hospital, institution, or street address where death occurred:

Memorial Hospital, Easton, Md.How long in hospital or institution? 2 months

3. (a) FULL NAME

Mrs. Sophie Henderson

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed.

8. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Would not give this information8. AGE: Years 75 Months ? Days 0 It less than one day hrs. 0 min. 09. Birthplace London, England

(Town, County, and state)

10. Usual occupation None

11. Industry or business

12. Name George Henderson13. Birthplace England14. Maiden name Dorothy Rhodes15. Birthplace Saint Domingo16. Informant Mr. John HendersonAddress 13 Quincy St17. (Burial, cremation, or removal. Which?) Woodlawn Date thereof 3/22/48 (month) (day) (year)

Cemetery or crematory

Location Philadelphia, Pa.18. Funeral director John C. LewisAddress Easton, Md.19. 3/20 19. 48 (Date rec'd by registrar)n. S. Deere

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County TalbotCity or town Easton (If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH March 19 1948 at 7:38 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 19 46 to 19 48 and that I last saw her alive on 19 48 19 48

Immediate cause of death

Carcinoma of the pancreas

DURATION

1 year

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

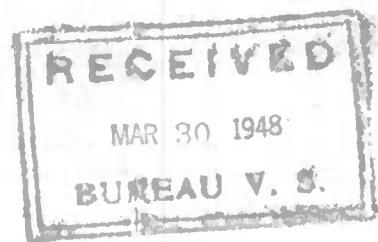
Means of injury

Injured at work?

23. SIGNATURE John Deere

M. D. or other

Address Carlsbad, N.M. Date signed 19 48



Evidence for addition
of sex, age & color and
change of ~~10000~~ age
shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03131

FILE NO. G 114 MAR 23 1948

CERTIFICATE OF DEATH

Reg. Dist. No. 298

1. PLACE OF DEATH:

County

City or town

Salisbury
Trappe (Rural)
Cattle life

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Robert Emory Jones

4. Sex

m

5. Color or race

6. (a) Single, married, widowed, or divorced

w Married

6. (b) Name of husband or wife

Marguerite Jones

6. (c) If alive, give age 35 years

7. Birth date of deceased (mo. day. yr.)

Aug. 22, 1897

8. AGE:

50

Years

07

Months

8

Days

04

If less than one day

hrs.

00

min.

9. Birthplace

(Town, county, and state)

Trappe, Talbot, Md.

10. Usual occupation

Farmer

11. Industry or business

John W. Jones

MOTHER FATHER

12. Name

John W. Jones

13. Birthplace

Trappe, Md.

MOTHER

14. Maiden name

Rose Nichols

15. Birthplace

Trappe, Md.

16. Informant

Miss Anna Jones

Address

Trappe, Md.

Burial

Springfield

Cemetery or crematory

Easton, Md.

Location

Funeral director

Wilma E. Powers, Jr.

Address

Easton, Md.

19. March 16 - 1948

(Date rec'd by registrar)

Signature

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland

County

Salisbury

City or town

Trappe

(Rural)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

March 14th 1948 at 1:30 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

Jan. 1947 to March 1948 and that I last saw him alive on March 14th 1948.

Immediate cause of death

clear emphysema of the lungs with metastasis to the glands of the neck

Due to

DURATION

15 mo.

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Registrar

M. D. or other

Address

Trappe, Md.

Date signed

RECEIVED
MAR 19 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03132

CERTIFICATE OF DEATH

830
Reg. Dist. No. 294

1. PLACE OF DEATH:

County.....

City or town.....

Tibbet

City, town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

Life

Hospital, Institution, or street address where death occurred:.....

How long in hospital or institution?.....

3. (a) FULL NAME

Lydia E. Reddum

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female white Widowed

6. (b) Name of husband or wife

Daniel R. Reddum

7. Birth date of deceased (mo. day, yr.)

2-16-1861

6. (c) If alive, give age..... years

8. AGE:

Years Months Days If less than one day

86 6 4 hrs. min.

9. Birthplace

Tibbet Co. Md.

(Town, county, and state)

10. Usual occupation

House wife

11. Industry or business

Gros. home

FATHER

Working for Gibson

MOTHER

Lydia Gibson

13. Birthplace

Tibbet Co. Md.

14. Maiden name

Beckie Gibson

15. Birthplace

Tibbet Co. Md.

16. Informant

Howard Reddum

Address

Tibbet Co. Md.

17. Burial, cremation, or removal

Which? Date thereof.....

Which?

Date thereof.....

(month)

(day)

(year)

3-22-48

Cemetery or crematory

Location

Tibbet Co. Md.

18. Funeral director

Address

Tibbet Co. Md.

19. Date rec'd by registrar

3/22/48

1948

G. E. Jackson

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

County.....

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

none

MEDICAL CERTIFICATION

20. DATE OF DEATH.....

March 20 1948 at 8 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1946 to March 20, 1948

and that I last saw her alive on March 19, 1948

Immediate cause of death.....

Cerebral Hemorrhage 48 days

Due to arteriosclerosis

10 years

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings at operation.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE.....

T. G. Jackson Date signed March 21, 1948

M. D. or other

Address.....

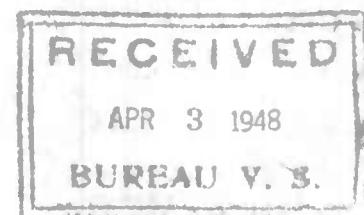
M
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

I

9-45-15M

A15



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03133

CERTIFICATE OF DEATH

Reg. Dist. No. 290

93d

1. PLACE OF DEATH:

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

4. Sex

5. Color of face

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife

7. Birth date of

deceased (mo., day, yr.)

6. (c) If alive, give age 52 years

8. AGE:

Years

Months

Days

If less than one day

45 4 hrs. 0 min.

9. Birthplace

(Town, County, and state)

10. Usual occupation

11. Industry or business

none

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17. Burial, cremation, or removal. (Month) (date thereof) (Month) (date) (year)

(Burlap, casket, or removal. Which?)

Cemetery or crematory

Location

18. Funeral director

Address

19. (Date recd by registrar)

19 29 1948

J. A. Morris

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war.

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH March 27 1948 at 4:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19 10 March 27 1948 to 19 10 March 27 1948

and that I last saw h. alive on January 9 1948

Immediate cause of death

Coronary occlusion sudden

Due to hypertension heart disease

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

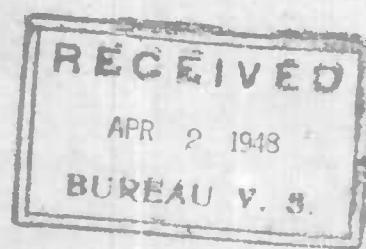
Means of Injury

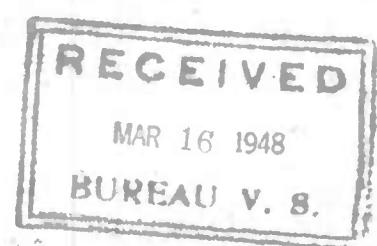
Injured at work?

23. SIGNATURE

Kurt Lederer M.D. M. D. or other

Address Anson Avenue 3/24 Date signed





MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03135

516

CERTIFICATE OF DEATH

Reg. Dist. No. 291

1. PLACE OF DEATH:

County Talbot

City or town Bozman

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 18 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Ralph E. Lovett

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

male

white

widower

6. (b) Name of husband or wife Emily Lovett

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

Sept. 19, 1866

8. AGE: Years Months Days If less than one day

81

5

22

hrs. min.

9. Birthplace England

(Town, county, and state)

10. Usual occupation Retired grainer

11. Industry or business

12. Name Joseph Lovett

13. Birthplace England

14. Maiden name Nancy Lovett

15. Birthplace England

16. Informant Mrs. John Harrison

Address Bozman, Md.

17. Burial

Date thereof March 15, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery

Location Bozman

18. Funeral director Newnam & Harrison

Address St. Michaels, Md.

19. Mar. 14

Date rec'd by registrar

19. 48 Mrs. Robt. L. Seth

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Talbot

City or town Bozman

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

none

2. (a) If veteran, name war

3. (b) Social Security Number

none

MEDICAL CERTIFICATION

20. DATE OF DEATH

March 12 1948 et 9450 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1-1 1948, to 3-12 1948 and that I last saw him alive on March 12 1948

Immediate cause of death

Carcinoma of prostate

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

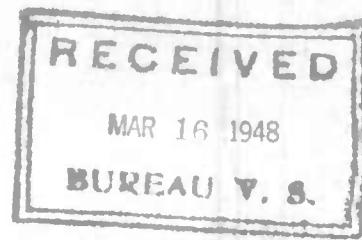
Injured at work?

23. SIGNATURE

M. D. or other

Address

Date signed



VS A15 9.45.15M

MARGIN RESERVED FOR BINDING

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03136

83a

CERTIFICATE OF DEATH

Reg. Dist. No. 294

4. PLACE OF DEATH: Talbot
 County: Talbot
 City or town: Talbot (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 8 days
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)

State: Maryland County: Talbot
 City or town: Talbot (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Elizabeth May

5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed

6.(b) Name of husband or wife John J. May7. Birth date of deceased (mo., day, yr.) 11-3-1867 8.(c) If alive, give age _____ years8. AGE: 80 Years 4 Months 14 Days If less than one day hrs. min.9. Birthplace St. Peter Island, Talbot, Md. (Town, county, and state)10. Usual occupation House wife11. Industry or business own home12. Name John J. Harrison13. Birthplace Baltimore, Md.14. Maiden name Belia F. Covington15. Birthplace Wisconsin Co., Ind.16. Informant Mrs. Nellie Pettyjohn17. Address Talbot(Burial, cremation, or removal. Which?) Cemetery Date thereof 3-17-48 (month) (day) (year)Cemetery or crematory Talbot m. e.Location Talbot18. Funeral director J. L. Gads MoreAddress Talbot19. 3-7-8 1948 J. Gads More

(Date rec'd by registrar) (Signature) (Registrar)

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH March 17 1948 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 10 1948 to March 13 1948and that I last saw her alive on March 12 1948

Immediate cause of death

Cerebral Hemorrhage DURATION 4 daysDue to arteria sclerosis 10 yrs

Due to _____

Other conditions Influenza (Include pregnancy within 3 months of death) 6 days

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

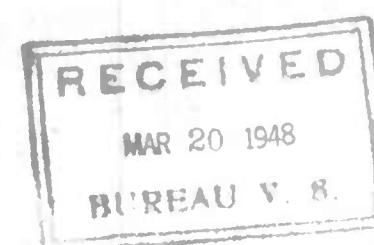
Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE J. Gads More M. D. or other _____Address Talbot Date signed March 17, 1948



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03137

CERTIFICATE OF DEATH

131a

290

Reg. Dist. No.

1. PLACE OF DEATH:

County

City or town

Cordova, Md

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 50 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Bynard Henry Messix.

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male, white widow.

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

Jan. 23, 1865 (1865)

6. (c) If alive, give age years

8. AGE:

Years 83

Months 1

Days 11

If less than one day hrs. min.

9. Birthplace

State Delaware

(Town, county, and state)

10. Usual occupation

Retired Farmer

11. Industry or business

MOTHER FATHER

12. Name Bynard H. Messix

13. Birthplace

Delaware

MOTHER

14. Maiden name

Mary Cahill

15. Birthplace

Delaware

16. Informant

Harry Messix

Address

Cordova, Md

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof, May 8, 1948
(month) (day) (year)

Cemetery or crematory

St. Joseph Cemetery

Location

Cordova, Calvert Co., Md

18. Funeral director

Carroll & Coffield

Address

Columbia, Md.

19. 3/8

19

78

19

78

19

78

19

78

19

78

19

78

19

78

19

78

19

78

19

78

19

78

19

78

19

78

19

78

19

78

19

78

19

78

19

78

19

78

19

78

19

78

19

78

19

78

19

78

19

78

19

78

19

78

19

78

19

78

19

78

19

78

19

78

19

78

19

78

19

78

19

78

19

78

19

78

19

78

19

78

19

78

19

78

19

78

19

78

19

78

19

78

19

78

19

78

19

78

19

78

19

78

19

78

19

78

19

78

19

78

19

78

19

78

19

78

19

78

19

78

19

78

19

78

19

78

19

78

19

78

19

78

19

78

19

78

19

78

19

78

19

78

19

78

19

78

19

78

19

78

19

78

19

78

19

78

19

78

19

78

19

78

19

78

19

78

19

78

19

78

19

78

19

78

19

78

19

78

19

78

19

78

19

78

19

78

19

78

19

78

19

78

19

78

19

78

19

78

19

78

19

78

19

78

19

78

19

78

19

78

19

78

19

78

19

78

19

78

19

78

19

78

19

78

19

78

19

78

19

78

19

78

19

78

19

78

19

78

19

78

19

78

19

78

19

78

19

78

19

78

19

78

19

78

19

78

19

78

19

78

19

78

19

78

19

78

19

78

19

78

19

78

19

78

19

78

19

78

19

78

19

78

19

78

19

78

19

78

19

78

19

78

19

78

19

78

19

78

19

78

19

78

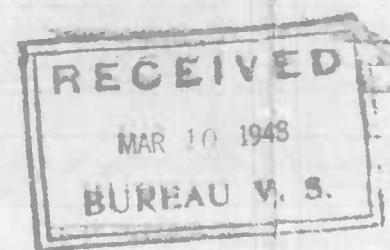
19

78

19

78

19



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03138

51c

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County

Rural Jackson

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 37 yrs.

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Arvey Dwight Miller

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

M. C. Married

6. (b) Name of husband or wife

Hiram Simeon Miller

6. (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.)

March 7, 1883.

8. AGE:

Years

Months

Days

If less than one day

64

11

27

hrs.

min.

9. Birthplace

Oakland, Maryland

(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

William Edwin Miller

12. Name

M. E. Miller

13. Birthplace

Md.

14. Maiden name

Martha Thompson

15. Birthplace

Md.

16. Informant

Mrs. A. D. Miller

Address

Corden, Md.

17. Burial

Date thereof March 6, 1948

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Fairview

Location

Rural Jackson, Md.

18. Funeral director

John Clark

Address

Corden, Md.

19. (Date record by registrar)

3/6 1948

(Date record by registrar)

M. A. Neereas

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Md. Rural Jackson

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

March 6, 1948, at 5:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Sept 10, 1930, to March 6, 1948, and that I last saw him alive on March 5, 1948.

Immediate cause of death

Ovarian carcinoma, testicle

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

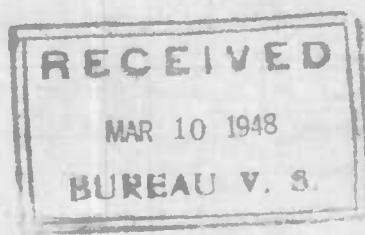
M. D. or other

Address

Rural Jackson

Date signed

3/14/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

3/1/48

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03139

Reg. Dist. No. 290

CERTIFICATE OF DEATH

93d

1. PLACE OF DEATH:

County, Talbot
City or town, Easton, Maryland

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 23 1/2 hrs

Hospital, institution, or street address where death occurred:

Unomedical Hosp. Easton, Md.

How long in hospital or institution? 23 1/2 hrs

3. (a) FULL NAME

Mr. John Mortimer

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

6. (c) If alive, give age... years

7. Birth date of deceased (mo. day, yr.)

Nov. 25, 1885

8. AGE: Year Months Date If less than one day

62

5

11

hrs. min.

9. Birthplace (Town, county, and state)

Baltimore, Md.

10. Usual occupation

11. Industry or business

12. Name James E. Mortimer

13. Birthplace Baltimore, Md.

14. Maiden name Sally Camper

15. Birthplace Baltimore, Md.

16. Informant Mr. Randolph Mortimer

Address 111 W. 12th St., Baltimore, Md.

17. Burial Date thereof May 9, 1948
(Burial, cremation, or removal. Which?)

Cemetery or crematory Cemetery

Location Newland, Md.

18. Funeral director Freeman & Sonnen

Address Lt. Michael J. Mc

19. 3/8 1948 N.S. Devereux
(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State, Maryland

County, Talbot

City or town, Newland, Md.

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH March 6

1948, at 7:05 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 5 hrs. 1948 to 6 hrs. 1948

and that I last saw him alive on 5 hrs. 1948 to 6 hrs. 1948

Immediate cause of death Cardiac failure

DURATION

Due to. Auto's respiratory burst disease

?

Due to.

Other condition. Malnutrition

?

(Include pregnancy within 8 months of death)

Major findings of operations.

Date of op.

Autopsy results.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

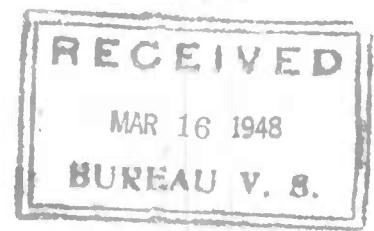
23. SIGNATURE

Peter H. Hansen, M.D.

M. D. or other

Address, Captain, Maryland

Date signed, March 8



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03140 Ross.

CERTIFICATE OF DEATH

Reg. Dist. No. 292

1. PLACE OF DEATH:

County Calvert
 City or town St. George Md.
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 90 years
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Charlotte M. Peper

4. Sex

Female white married

5. Color or race

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife

David Peper

7. Birth date of deceased (mo., day, yr.)

May 29 1868

6. (c) If alive give age ... 80 year

8. AGE:

Years	Months	Days	It less than one day
79	9	4 hrs. min.

9. Birthplace

(Town, county, and state)
Calvert Co.

10. Usual occupation

Farmers wife

11. Industry or business

George Jones

MOTHER FATHER

12. Name George Jones

13. Birthplace Calvert Co.

14. Maiden name Eliza Mc Girney

15. Birthplace Calvert Co.

16. Informant Mrs. Bernard Callahan

Address Easton Md

17. Burial of Burial of Date thereof 3/15/48
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or premises Spring Hill

Location Easton Md

18. Funeral director Maurice E. Turow

Address Easton Md

19. Date rec'd by registrar Mar 13 1948 Joseph L. Ross
 (Date rec'd by registrar) Local Registrar Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Calvert

City or town Trappes
 (If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war.

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH

3/12/48 1948 at 3A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Aug 11 1947 to March 12 1948
 and that I last saw h. d. alive on March 9 1948

Immediate cause of death

Cerebral hemorrhage DURATION
3 days

Due to Arteria sclerosis

Due to

Other condition Diabetes mellitus

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external cause, fill in the following:

Accident, suicide, or homicide.

Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Meane of injury

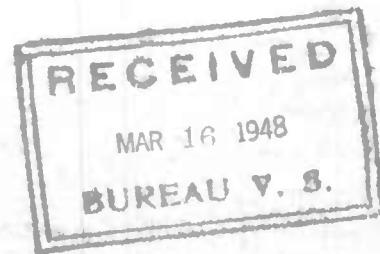
Injured at work?

23. SIGNATURE

Joseph L. Ross

M. D. 21/3/48

Address Trappes Md Date signed 3/13/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03141

Reg. Dist. No. 291

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

County TalbotCity or town St. Michaels

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Spedden O. Seymour

4. Sex

male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Jan 2, 1875

6. (c) If alive, give age years

8. AGE:

73 Years 2 MonthsDays 17

If less than one day hrs. min.

9. Birthplace St. Michaels, Talbot Co. Md.

(Town, county, and state)

10. Usual occupation

Contractor

11. Industry or business

MOTHER FATHER George W. Seymour13. Birthplace St. Michaels, Md.14. Maiden name Ida V. Harrison15. Birthplace St. Michaels, Md.

16. Informant

Mrs. Ruth Williams, NEAddress 129 11th st. Washington, D.C.

17. Burial

(Burial, cremation, or removal, Which?)

Date thereof March 22 1948
(month) (day) (year)Cemetery or crematory Olivet CemeteryLocation St. Michaels, Maryland.

18. Funeral director

Newnam & Harrison

Address St. Michaels, Md.19. Mar. 22, 1948 Mrs. Ruth L. Sack
(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County

TalbotCity or town St. Michaels

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH

MARCH 1819 98at 7:15P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

FEBRUARY 18 1948 to MAR. 18 1948and that I last saw him alive on MARCH 18 1948

Immediate cause of death

CEREBRAL HEMORRHAGE

DURATION

1 mo.Due to Hypertensive cardio-vascular disease

? 2

Due to ARTERIOSCLEROSIS - GENERALIZED

? 2

Other conditions

HYPOSTATIC PNEUMONIA

(Include pregnancy within 3 months of death)

9 days.

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

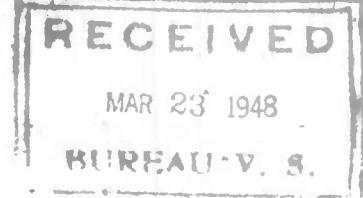
Injured at work?

23. SIGNATURE

Arthur V. Michael, M.D.

M. D. or other

Address St. Michaels, Md. Date signed 3-18-48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03142

161c

13

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
County *Delaware County*

City or town *Easton, Md.*
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? *6 1/2 hrs.*

Hospital, institution, or street address, where death occurred: *Memorial Hospital*

How long in hospital or institution? *6 1/2 hrs.*

3. (a) FULL NAME

Robert Simms

4. Sex *m* 5. Color or race *B* 6. (a) Single, married, widowed, or divorced *Single*

6. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) *March 18, 1948* 6. (c) If alive, give age..... years

8. AGE: Years *7* Months *0* Days *0* If less than one day

9. Birthplace *Federalsburg, Md.* (Town, county, and state)

10. Usual occupation.....

11. Industry or business.....

12. Name *Moses Irving*

13. Birthplace *Jamaica*

14. Maiden name *Alice Simms*

15. Birthplace *Ted. Rd*

16. Informant *Moses Irving*

Address *Bridgetown, Delaware*

17. Burial *Burial* Date thereof *3/24/48* (month) (day) (year)

Cemetery or crematory *Federal Hill*

Location *Federalsburg, Md.*

18. Funeral director *J. J. Fraughton & Son*

Address *Federalsburg, Maryland*

19. (Date rec'd by registrar) *3/22 1948*

(Date signed) *24/3/48*

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State *Delaware* County *Sussex*

City or town *Bridgetown, Delaware*
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____ (If rural, give LOCATION)

2.(a) If veteran, name war. *✓*

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH *3-31-* 1948, at 11 *AM*

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

21 March 1948 to *21 Mar 1948*

and that I last saw him *alive* on *21 Mar 1948*

Immediate cause of death *Hemorrhage*

Due to *Hemorrhagic Disease of newborn* DURATION *4 hrs*

Due to *3 days*

Other conditions *(Include pregnancy within 8 months of death)*

Major findings of operations *.....*

Autopsy results *Not reported* Date of op. *.....*

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

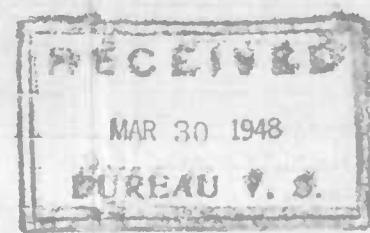
Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury *.....* Injured at work? *.....*

23. SIGNATURE *J. T. B. Ambler M.D.* M. D. or other *.....*

Address *Easton, Md.* Date signed *24/3/48*



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03143

158

CERTIFICATE OF DEATH

Reg. Dist. No. 291

1. PLACE OF DEATH:

County

City or town

Royal Oak, Maryland

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

2 months 2 days

Hospital, institution, or street address where death occurred:

47 Deep Creek Road

How long in hospital or institution?

-

3. (a) FULL NAME

James Phisile Smith

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

m

b

Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

Jan 12 1948

6. (c) If alive, give age

years

8. AGE: 0 Years

Months

Days

If less than one day

hrs. min.

9. Birthplace

Royal Oak, Talbot Co. Md.

(Town, county, and state)

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

13. Birthplace

Baltimore, Md.

14. Maiden name

Stanley C. Smith

15. Birthplace

Baltimore, Md.

16. Informant

John L. Smith

Address

Royal Oak, Md.

17. Burial

(Burial, cremation, or removal, which?)

Date thereof

Mar. 16, 1948
(month) (day) (year)

Cemetery or crematory

at home

Location

Royal Oak, Md.

18. Funeral director

John L. Smith

Address

Royal Oak, Md.

19. Date rec'd by registrar

Mar. 15 1948

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

Talbot

City or town

Royal Oak, Maryland

Street No.

47 Deep Creek Road

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

March 14

1948, at 11:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 14, 1948, to March 14, 1948

and that I last saw him alive on March 14, 1948

Immediate cause of death

Inflammation

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

John L. Smith, Jr.

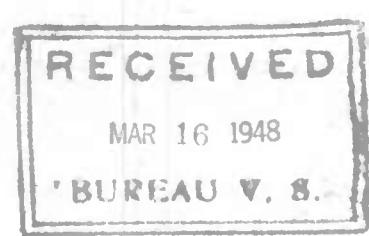
M. D. or other

Address

Royal Oak, Md.

Date signed 3/15/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and briefly.



MARGIN RESERVED FOR BINDING

VSA15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

2/26/48

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1310

03144

CERTIFICATE OF DEATH

Reg. Dist. No. 240

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
County..... <i>Calvert Co.</i>		(For newborn infants give residence of mother)	
City or town..... <i>Easton, Maryland</i> (If outside city or town limits, write RURAL and give nearest town)		State..... <i>Maryland</i> County..... <i>Calvert</i>	
How long in above place of death?		City or town..... <i>St. Michaels</i> (If outside city or town limits, write RURAL and give nearest town)	
Hospital, institution, or street address where death occurred: <i>Memorial Hospital</i>		Street No.....	
How long in hospital or institution?..... <i>11 days</i>		(If rural, give LOCATION)	
3. (a) FULL NAME		3. (b) Social Security Number	
<i>Mrs. Mary Stokes</i>			
4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced	
<i>Female</i>	<i>White</i>	<i>Widow</i>	
6.(b) Name of husband or wife		6.(c) If alive, give age.....years	
7. Birth date of deceased (mo., day, yr.) <i>Sept 20, 1880</i>		6.(c) If alive, give age.....years	
8. AGE: Years		Months	Days
<i>67</i>			
9. Birthplace..... <i>Baltimore</i> (Town, county, and state)		10. Usual occupation..... <i>W.W.</i>	
11. Industry or business		12. Name..... <i>Mrs. Wm. Tyley</i>	
13. Birthplace		<i>Baltimore, Md.</i>	
14. Maiden name..... <i>Elizabeth Weisbecker</i>		15. Birthplace	
16. Informant..... <i>Mrs. Edna Marshall</i>		17. Burial..... <i>Burial</i> Date thereof..... <i>3/9/48</i> (Burial, cremation, or removal. Which?)	
Address..... <i>St. Michaels, Md.</i>		18. Funeral director..... <i>Norman D. Marshall</i>	
Cemetery or crematory..... <i>St. Michaels</i>		Address..... <i>St. Michaels</i>	
Location..... <i>St. Michaels, Md.</i>		19. Date rec'd by registrar..... <i>3/8 48</i> M. D. or other (Date rec'd by registrar)	
Means of injury		Injured at work?	
23. SIGNATURE..... <i>John H. Harris</i> M. D.		Address..... <i>Easton, Maryland</i> Date signed..... <i>8 Mar 48</i>	

23. SIGNATURE..... *James D. or other* M. D. or other

M, D, or other

Address..... Carter, May and Date signed..... 8 Mar 31

84

